

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								
2								
3								
4								
5								
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37								
38	1							
39		1						
40		1						
41			1					
42			1					
43			1					
44			1					
45			1					
46			1					
47			1					
48			1					
49			1					
50			1					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								